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ABSTRACT

Two studies attempted to assess the effect of the mental retardation label on the formation of social impressions in mentally retarded (MR) adults. In the first study, 123 mildly retarded students, half of whom were institutionalized were interviewed and asked to respond to questions about individuals pictured (some of whom were labeled as MR). Results confirmed expectations that MR persons have negative opinions of others who are labeled as MR, especially concerning estimates of social behavior. In addition, Ss reported very negative opinions of their opposite sex peer group. In the second study, Ss were asked to evaluate themselves on comparable social dimensions. Analyses of sociability and social adjustment were completed by staff members. Results revealed that physical attractiveness was most closely associated with successful social adjustments for men but not for women, for whom IQ was more closely related to sociability and social outlook. Results suggested that the "ingroup concept" problem among MR persons is directly related to social behavioral problems identified in the research. (CL)

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Stigma Perception and Social Adjustment of Mentally Retarded Persons

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Abstract

Two experiments in a program of research that concerns the stigma perception and social behavior of mentally retarded persons are described. Previous research in this program has provided evidence of a "group concept" problem among mentally retarded persons in the form of negative opinions of other retarded persons. The current research suggests that that negative perception is affecting the social behavior of retarded persons living in institutions and in community facilities. Self-report data indicated that both groups of retarded persons believe that other retarded persons are less active and successful socially, less appealing as social partners and less physically attractive than are nonretarded persons. In addition, this negative social perception appears to be particularly strong among retarded women living in community facilities -- with regard to their opinions of retarded men. This latter group, in turn, seems to have the lowest "social self-esteem" of any of the groups interviewed. Discussion centers around the factors that are associated with successful social adjustment and the fact that this negative social perception among retarded persons is interfering with their social lives and their adjustment to their current residence.

One of the dominant themes in Edgerton's (1967) classic The Cloak of Competence was that mentally retarded (MR) persons, who have been released from institutions, seem to be obsessed with a desire to avoid any association with the MR label or with the institution; as Edgerton puts it, they want to "pass" as normal or nonretarded. The implication of his work is that MR persons are aware of the stigma that is associated with their label and that they wish to avoid that stigma. Research that I have conducted over the last 5 or 6 years, including the studies to be discussed today, has examined that stigma perception (from the perspective of MR persons themselves) and the affect that it has on their lives.

As the number of MR persons living and working outside the institution continues to increase, so does the amount of contact that they are having with nonretarded (NR) persons and with other MR persons in less restricted community environments. Adjustment to these community settings has proven to be very difficult for many retarded persons (cf. Heal, Sigelman & Switzky, 1978): One reason for this difficulty, which is suggested by some of our previous work in this area, has to do with the MR label and, in particular, the affect that it has on retarded persons' perceptions of one another. This early work, conducted with higher level institutionalized MR persons as subjects, suggested that they are aware of the negative connotations associated with the MR

label, and that they do, in fact, wish to avoid any association with that label. Moreover, that desire to dissociate themselves from the label appears to affect their reactions to other labeled persons. In one study (Gibbons & Gibbons, 1980), MR persons were presented with short vignettes describing a target person who was either said to be MR or not and who was either fairly successful in what s/he was doing (e.g., had friends and a job, was athletic, etc.) or not. When asked their impressions of these people, our subjects derogated the MR person who was unsuccessful more so than any others; and, when we asked them some social distance questions, such as which person they would prefer to have as a friend or a roommate, they consistently preferred the nonretarded person, especially when the targets were described as unsuccessful.

Subsequent research that we conducted with MR and NR adolescents (Gibbons & Kassin, 1982) indicated that both of these groups have some opinions about persons labeled as MR that are fairly negative and quite similar in nature. In particular, both groups indicated they thought MR persons were less competent than NR persons in a variety of ways, including social behavior (e.g., prospect for getting married). Interestingly enough, however, in the small amount of self-esteem data that we have collected, we have found very little evidence of self-derogation by MR persons; rather, it is a negative reaction to other MR people that comes through most clearly.

The current research represented an attempt to followup and expand on our previous work in the area. In this research we have been focusing primarily on the social behavior of MR persons, and we have included people living in community facilities as well as institutionalized people. In so doing we hoped to be able to determine what affect type of residence—and the differential amount of contact with NR persons that is associated with type of residence—has on MR persons' stigma perception, and their reactions to other stigmatized persons.

Overview

What we attempted to do in these two studies was to assess the affect of the MR label on impression formation of MR persons; in particular, the social impressions that they have of one another. Thus, male and female MR persons living in institutions and community facilities were asked to tell us how attractive, how socially active and how socially successful (e.g., marriage likelihood) they thought MR and NR persons were. We then compared responses to these MR and NR targets among males and females and among institutionalized and community-based persons. Finally, we compared subjects' reactions to the target persons with their assessments of aspects of their own social behavior (including activity, attractiveness, etc.). Our expectation, based on our previous work, was that subjects generally would maintain negative opinions of the MR persons in terms of social behavior. It was also our hunch that these opinions might be

more negative among the community facility (CF) group, due to the fact that they had had more contact with nonretarded persons.

Study 1

One hundred forty higher level MR persons, 1/2 male, 1/2 female; 1/2 institutionalized and 1/2 living in community facilities participated in this research. The data from 17 were not included in the final analysis due to difficulties in comprehension, and several more were discarded due to difficulties on particular questions. The average age of this group was 30.7 and the average IQ (WAIS) was 61.1. Each person was interviewed twice using an interview format that we have developed in previous research (cf. Gibbons, 1981). During the first interview subjects were shown a series of pictures (actually of college students), half of which were labeled as MR, the other half were not. The first picture was always of a person of the opposite sex. After viewing that picture, subjects were asked a series of questions about the person, including social distance questions (e.g., have as a friend, have as a date), and evaluation questions, including how successful they thought the person was socially, and then how physically attractive they thought the people in the series were.

Results

There was only slight evidence of derogation of the MR person on the smart and friendly evaluations. However, there was strong evidence of what we have termed a "group concept"

problem on the social distance questions. The NR person was seen as significantly more appealing in terms of friendship and dating desirability ($p < .01$); similarly, the photographs were thought to be significantly less attractive when they were said to be of MR persons ($p < 02$). This latter effect was especially true for the cross-sex evaluations, both sexes tended to be easier on members of their sex in general, even when they were also retarded. In addition, and consistent with our expectations, the MR target person was thought to be much less successful socially than was the NR person ($p < .02$).

Thus, the results confirmed our expectations that MR persons have negative opinions of others who are labeled as MR, and this seems to be especially true when it comes to estimates of social behavior. This study added to our previous research by indicating that the group concept problem that we have identified in previous studies (i.e., low opinions of other MR persons) occurs among community-based as well as institutionalized persons, and it affects their (self-reported) attraction to MR persons of the opposite sex--including ratings of physical attractiveness as well as social desirability.

Community Women. An additional interesting result in our first study involved a sex difference on the social evaluation data, and it was a finding that is consistent with some of the findings of Edgerton's work in the 1960's. In that survey he found a significantly greater proportion of MR

women than men had either gotten married or had boyfriends, and those boyfriends and spouses were more likely to be nonretarded than were the friends of the men. This finding, along with results of previous research, led us to suspect that the women, especially those living in the community, might be harsher on the MR male targets (than the men were on the MR female targets). This would be consistent with the women's desire to "pass," and the fact that association with MR men might interfere with this desire. Our results did support this hypothesis; there was a significant sex of subject x residence x label (of target) interaction on both the social evaluation index and the physical attractiveness

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Insert Table 1 about here

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ratings ($p < .04$ and .05 see Table 1). In both cases the interaction was attributable primarily to one cell--which was significantly lower than all of the other cells--and that was the CF women's evaluation of the MR men. In short, while these MR people were generally more negative in their evaluations of the MR targets, this was especially true of the CF women's reactions to the MR men. They reported very negative opinions of their opposite sex peer group--presumably the people with whom they would most likely be socially active.

Study 2

We followed our first interview with a second interview

for each subject somewhere between 2 months and a year later. In this second interview subjects were asked to evaluate themselves on essentially the same dimensions that they had evaluated the targets on in the first interview, thereby enabling us to compare their evaluations of the MR and NR targets with their self-evaluations. In addition, we collected background data on subjects' IQ scores, AB scores, age and time in the institution, and we had most of them evaluated by at least two staff members (at their facility) in terms of how physically attractive, how sociable (with same and opposite sex people) and how popular they were, as well as their level of "social adjustment." We collected these data in order to get a check on the validity of their self-reports, and to get an overall picture of their social activity.

Results

Self-description: Validity. Several findings came out of this second study that were consistent with and clarified results of the first study. To begin with there was some evidence of validity in subjects' self-reports of their own behavior, which was reassuring given the nature of the population we were dealing with and the complexity of the questions that we were asking them. For example, self-reports of how friendly they were and how many friends they had correlated modestly, but significantly with the staffs' evaluations of their popularity ($r = .23$, $p < .02$), their sociability with the same sex (most of their friends were of

the same sex, $r = .28$, $p < .003$), and with their level of social adjustment ($r = .24$, $p < .02$). Surprisingly, these correlations tended to be higher for those in the institution than those in the community facilities (rs in the 30s vs. in the teens), even though the CF group tended to be more intelligent (about 7 IQ pts.) and generally were rated as being more socially adjusted ($p < .001$). There were, however, two self-dimensions on which all subjects tended to be very inaccurate. The correlation between self-report and staff report (-.07) suggested that these people generally had little idea of how attractive they actually were. And the significant negative correlation between IQ and the self "smart" rating ($r = -.38$, $p < .001$) indicated that the less intelligent the subjects actually were, the smarter they thought themselves to be (cf. McAfee & Clelland, 1965).

Self-description: Comparison. There were several main effects of interest on the self-description items. First of all, the Institutionalized group gave themselves higher ratings on the social activity index (i.e., dates, number of friends), and on the intelligence question (ps < .05). It seems likely that this reflects a difference in comparison groups for the CF and the I sample. That is, the community facility people are more likely to socially compare with NR people and may, as a consequence, have more accurate or realistic perception of their actual abilities. There were also main effects of sex on both the physical attractiveness question and the question pertaining to whether the subject

had a boy/girlfriend. The men thought they were less attractive than the women (thought they were pretty; $p < .05$) and they were less likely to have a sweetheart (78% of the females vs. 59% of the males, χ^2 (1) = 4.47, $p < .05$). Thus, these data replicate Edgerton's finding that MR men living in the community were less likely to have a close social companion than were MR women.

In order to compare subjects' self-evaluations with the evaluations they gave to the targets, repeated measure ANOVA were performed on the self-esteem index (smart, friendly) and the social behavior index. An effect on the repeated measures factor indicated that these subjects gave themselves higher ratings on the smart and friendly questions than they gave to the target, regardless of the target's (F (1, 97) = 9.62, $p < .003$). However, the opposite effect occurred on the social behavior index, as these subjects gave themselves considerably worse evaluations on the date and marry questions ($F(1,97) = 12.93$, $p < .0005$). However, this main effect was qualified by a Residence x Sex x Label x Repeated measure interaction ($F(1.97) = 3.48$, $p < .07$), which

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Insert Table 2 about here

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is again primarily attributable to the one cell of the community women (see Table 2). This group gave a lower rating to the target person than to themselves, but only in the MR male target condition. In all (7) other cases the

rating given to the target was higher than that given to the self. Once again, then, there is evidence of derogation of the MR men by the community MR women.

Staff description: Correlations. Correlational analyses were also run in order to determine what factors were associated with successful social adjustment and social activity, as determined by the staff. Again this analysis yielded different results for the men and the women. The variable that was most closely associated with successful social adjustments for the men was physical attractiveness, which correlated significantly with general popularity as well as sociability (rs = .53 and .54, $p < .0001$) and popularity with the opposite sex ($r = .44$, $p < .002$). There was no relationship at all for the women, however, between their physical attractiveness rating and any of these variables (all $r < .05$, NS). Instead, for the women IQ seemed to be related more closely to sociability and social outlook. This variable was significantly related to sociability ($r = 29$, $p < .05$), whether she had a boyfriend ($r = -.41$, $p < .003$), self-reported number of friends (.46, $p < .001$), and physical attractiveness rating of the MR males (-.43, $p < .001$). IQ was not related to any of these variables for the men (all $rs < .09$, NS). In sum, the derogation of MR men evidenced in the social evaluation data appears to be more intense for less attractive men and it is more likely to occur among MR women of higher IQ.

Discussion

In general the results confirm suspicions from our earlier research that the "group concept" problem that we have identified does affect both the social perceptions and the social behavior of MR persons. In particular, the data indicated that the MR target was seen as less desirable socially including as a friend or a dating partner. Consistent with this latter finding, the targets were also thought to be less attractive if they were said to be mentally retarded and they were thought to be less active and successful socially than were the NR targets. This derogation problem appears to be most severe among women who are living in community facilities. In each case the lowest ratings were given to the MR male targets by the community women, and on most of the DVs the ratings received by the retarded men were significantly lower than those given to any other target. Moreover, it also appears that the derogation effect is strongest among community women (but also among retarded women in general) who have higher IQ or Adaptive Behavior scores. Interestingly, the higher the IQ scores for these women, the more likely they were to have friends of the same sex, but the less likely they were to report having a boyfriend and, of course, the more likely they were to derogate the retarded men.

Taken as a group, these results offer some hint as to why the retarded men in Edgerton's study were less likely than their female counterparts to have spouses or girlfriends. The reason is that the retarded women with whom they

socialize don't appear to be interested in them. In general, MR persons living in the community are more likely than those living in an institution to have contact with NR persons and to include them in their reference and social comparison groups. To the extent that these MR persons do socially compare and socialize with nonretarded persons, then it seems likely that their negative group concept will be exacerbated. The result for many is an inactive social life and an unwillingness to socialized with and especially date retarded persons of the opposite sex. The person who appears to be most affected by this is the MR male living in a community facility. He generally appears to be the least active socially and to have the lowest "social self-esteem" of any of the people we interviewed.

In sum, it would appear that the "group concept" problem among MR persons is directly related to social behavioral problems that have been previously identified. It seems clear that these behavioral problems can only interfere with on a persons' adjustments to less restrictive environments both inside and outside of the institution. In the future more attention should be paid to the development of more "normal" social attitudes and social relationships among MR people, especially those living in the community and especially women.

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Table 1

Social Evaluations: Other

(Experiment 1)

Question:		CR		INST	
		MR	NR	MR	NR
(a). Social Distance:[a]					
	Female	5.50	6.86	6.17	6.54
	Male	6.07	6.71	7.26	7.66
(b). Social Success:[b]					
	Female	7.21[c]	9.93	9.47	9.43
	Male	9.27	8.97	9.94	9.71

NOTE: CF = Community facility; INST = institution;

MR = Mentally retarded target, NR = nonretarded target.

[a]Rating of opposite sex target on questions: want as friend? and want to date? High score is more favorable. (Scale = 2-8).

[b]Rating of opposite sex target on: number of friends? number of dates? and likely to marry? (Scale = 3-12).

[c]This cell is lower than all others ($p < .05$).

Table 2

Evaluations: Self and Other

(Experiment 2)

Question:			CF		INST	
			MR	NR	MR	NR
(a). Smart and Friendly[a]	Female:					
		Self	7.08	7.13	7.36	7.75
		Other	6.08	6.60	7.00	6.83
	Male:					
		Self	7.07	6.88	7.46	7.00
		Other	7.00	7.00	6.38	7.08
(b). Social Success[b]	Female:					
		Self	5.08	5.06	4.82	5.83
		Other	4.46	5.88	6.82	6.17
	Male:					
		Self	4.93	5.21	4.92	5.42
		Other	6.07	6.50	5.38	6.08

[a]Rating of self and (opposite sex) other on the smart and friendly items. (Scale = 2-8).

[b]Rating of self and other on the dates and marriage items. (Scale = 2-8).